



PROFESSIONAL DEVELOPMENT/TRAINING REQUEST

DEPARTMENT OF HEALTH AND HUMAN SERVICES

HUMAN SERVICE CENTERS

SFN 574 (12-2023)

PART A

Employee Name		Title		
Title of Training				
Departure Date	Time	Return Date	Time	Training Location
Briefly describe the training and specific learning needs that will be met. (Attach brochure) (If requesting out-of-state training, attach SFN 1775, Authorization for Out-of-State Travel also.)				

Budget

	Amount
Registration	
Meals	
Lodging	
Mileage - Personal	
Mileage - State Vehicle	
Other	
TOTAL	

Funding Source

Signature of Attendee	Date
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PART B

Supervisor's Comments and Recommendations

Signature of Supervisor	Date
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APPROVED

Signature of Regional Director	Date
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PROFESSIONAL DEVELOPMENT/TRAINING REQUEST PROCEDURES

If training is being requested that will be held out of state, attach SFN 1775, Authorization for Out-of-State Travel.

Part A Fill out the Professional Development/Training Request with description of training, budget, funding source, and sign, date, and route to supervisor.

- Part B**
1. Supervisor makes his/her comments and recommendations, signs and dates the form and routes it to the Regional Director.
 2. The Regional Director reviews for approval, signs and dates if approved and returns the request to the originator.
 3. The originator sends a copy of the approved request to the Business Office.
 4. The original request should be retained by the originator and attached to the Travel Reimbursement Request.

The person originating the request is responsible for making their own lodging reservations and completing the registration process.